

# **Attachment C**

## **Federal Certifications**

## CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Division of Grants Policy and Oversight  
Office of Management and Acquisition  
Department of Health and Human Services, Room 517-D  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Attachment D

Budget Instructions and Attachments  
D-1 through D-4



## **BUDGET INSTRUCTIONS – OVERVIEW**

The following attachments are to be used in developing your proposed budget to meet the requirements in the RFP:

- Attachment D-1: Service Providers and Billable Activities
- Attachment D-2: Instructions: EIS Worksheets and EIS Budget Forms
- Attachment D-3: EIS Worksheets
- Attachment D-4: EIS Budget Forms

Attachment D-1: Service Providers and Billable Activities, provides information on the activities the service providers can and cannot bill for.

Attachment D-2: Instructions: EIS Worksheets and Budget Forms, provides directions on how to complete both the EIS Worksheets and EIS Budget Forms necessary to determine your budget need.

Attachment D-3: EIS Worksheets, are the required seven (7) worksheets that must be completed to determine the number of hours needed to meet the requirements in the RFP by discipline, the total FTE by discipline, and the salary ranges and sub-contract rates by discipline.

Attachment D-4: EIS Budget Forms, are the required seven (7) budget forms that must be completed to determine your projected costs.

Attachments D-3 and D-4, with justifications, must be submitted with your proposal.

### **Service Providers and Billable Activities**

The purpose of this document is to support your process your process in determining the number (FTE) of staff needed to provide early intervention services described in the RFP to support the development of your budget.

#### **Service Providers:**

Billable activities must be provided by one of the approved service providers listed below:

- ## Occupational Therapist (national registration required)
- ## Physical Therapist (state license required)
- ## Speech-Language Pathologist (state license required)
- ## Special Educator (degree in special education required; M.Ed. in SPED preferred)
- ## Teacher/Early Childhood Educator (B.A. required; early childhood education or elementary education preferred)
- ## Certified Assistant (certification required, e.g., Certified Occupational Therapist Assistant [COTA], Physical Therapy Assistant [PTA])
- ## Paraprofessional (minimum of high school diploma)
- ## Other (someone other than those listed above; must be approved by the EIS Supervisor or designee)

#### **Billable Activities:**

##### **Intake:**

Intake includes activities from the initial point of referral to the point of evaluation. Also included is: gathering information from the family about their strengths, needs, priorities and concerns and daily activities; explaining about early intervention services; discussing family rights; completing consent forms, etc.

##### **Comprehensive Disciplinary Evaluation (CDE):**

The purpose of the multi-disciplinary comprehensive developmental evaluation (CDE) is to determine Part C eligibility. The multi-disciplinary CDE must be provided by a team of at least two approved professional service providers. The team may consist of two professionals from the list above, or one professional and a social worker/care coordinator, public health nurse, or Child Development Specialist. Included in the CDE is time to review medical and other reports and to participate in writing the evaluation report as described below. Approved evaluation tools include: the Hawaii Early Learning Profile (HELP), Hawaii Developmental Chart (HDC): Battelle Developmental Inventory, and/or the Early Intervention Developmental Profile (Michigan). Each evaluator is approved for a maximum of 1½ hours to complete the evaluation; the lead evaluator is approved for a maximum of an additional 1½ hours to complete the evaluation report. Billing is based on actual time spent completing the evaluation and report, up to the maximum allowed.

If a child is referred to the program with some discipline specific evaluations completed or reports by a physician, a total of a maximum of 1½ hours is approved to complete the CDE tool, including updating it with evaluation information provided, and a maximum of 1½ hours to complete the report. This time may be used by one person or shared by a team. Billing is based on actual time spent completing the evaluation and report, up to the maximum allowed.

**Individual Family Support Plan (IFSP):**

The IFSP includes: participating in an initial, review, or annual IFSP; and, if a review or annual IFSP meeting, updating child information to share at the meeting.

**Evaluation/Assessment:**

Evaluation/assessment includes: completion of other evaluation/assessment instruments (e.g., Upper Extremity, Picture Vocabulary, REEL, Bayley, etc.) after eligibility is determined and services have been initiated to support on-going programming. A maximum of 4 units is allowable to complete the evaluation report, however billing for the report is based on actual time spent completing the report.

**Treatment/Direct Service:**

Treatment/direct service includes: the provision of services to an eligible child and caregiver, foster parent, preschool teacher, etc., to support the child's development. The child must be present to bill under Treatment/Direct Services. Services are provided based on the IFSP. Included in this category are:

## Treatment-Individual Services:

Services provided by one approved service provider directly to one child and/or family to support the child's development. If the provider is supporting the child at a community preschool, Early Head Start program, etc., include the time here.

## Treatment-Group:

Services provided by one or more approved service provider(s) to a group of children and their families to support the children's development.

- For groups of 2-5 children, a maximum of 2 service providers are allowed for billing purposes.
- For groups of 6-9 children, a maximum of 3 service providers (no more than 2 professionals) are allowed for billing purposes.
- For groups of 10 or more children, a maximum of 4 service providers (no more than 3 professionals) are allowed for billing purposes.

## Treatment-Preparation/Notes:

Time necessary to prepare for individual or group sessions and to write progress notes, quarterly updates, etc. Allowable time includes:

- Maximum of 1 unit to prepare for an individual session.
- Maximum of 2 units to prepare for a group session. The 2 units is the total; it can be shared by staff or assigned to one staff person.
- Maximum of 1 unit to write progress notes, quarterly updates, etc.

**Consultation:**

Consultation is generally provided to the primary provider or primary early interventionist (professional or paraprofessional) to support the provision of transdisciplinary services. The purpose of the consultation is to assist the primary provider or primary early interventionist in learning the skills necessary to meet all IFSP outcomes. Frequency of consultation is based on the IFSP.

**Family Training and Counseling:**

Family Training and Counseling includes assisting the family of an enrolled child to understand the special needs of their child and to learn how to support their child's development. This may occur during intake, an evaluation, or treatment, or there may be an activity (e.g., parent support meeting) specific to family training and counseling. If the discussion with the family during intake, evaluation, treatment is substantial, include in this category (family training and counseling); otherwise include the time as part of the specific activity (e.g., intake, CDE, treatment, etc.)

Note: If family support is provided via a parent group at the program site, it is appropriate for families to bring their children for activities while the parent support group is in progress. Although this may meet two needs, the need for parents to interact and the opportunity for the children to socialize with each other, the purpose is to provide family support. Bill the family support activity under this category (Family Training and Counseling) and the child group activity as Treatment – Group. Make a note that the group was provided to support Family Training & Counseling.

**Child-Team Meeting:**

Child-Team Meeting includes staff time scheduled for a substantive discussion regarding a child's progress or lack of progress. This should include as many IFSP team members as necessary and appropriate. Family members should always be invited to participate in meetings regarding their child. Required court appearances, child welfare meetings and Ohana Conferences are to be included in this category. If a report is required for the meeting, include the time to prepare the report. The Child-Team Meeting is not part of the IFSP meeting, although an IFSP meeting may be scheduled as a result of the Child-Team Meeting.

**Transition/Transfer:**

Transition/transfer includes activities to support the transition of a child out of an EI program to DOE, Head Start or a community preschool, or to support the transfer a child from an EI program to another EI program.

For children who may transition to DOE, Head Start, or other program that serves children over age 3, it can include:

- ## Completing DOE or other application forms;
- ## Attending meetings with the family, including the: Transition Conference, Student Support Team (SST) meetings, evaluation meetings, IEP meetings, meetings with the family in preparation of the IEP meeting, etc.; and/or
- ## Visiting preschools with the family.



For children transferring to another EI program, it can include:

- ## Visiting another EI program with the family; and/or
- ## Participating in an IFSP to support the transfer (bill under IFSP);

For children who have already transitioned to DOE, Head Start or a community preschool, it can include:

- ## A maximum of 2 sessions is allowable to support the new service providers in understanding how to successfully provide services to a child enrolled in a DOE, Head Start, or community preschool.

Approval to bill for an IEP Meeting after the child turns 3 must have prior approval by the EIS Supervisor or designee.

**Transportation:**

Transportation includes the time necessary for a service provider to travel to a community site (e.g., child's or caregiver's home, preschool, etc.) to provide the services identified on the IFSP. When the service provider's first or last visit of the day results in bypassing the center, the time recorded for transportation is the lesser of the amount of time to return to the office or to reach home.

**No Show:**

A "no show" occurs when a service provider travels to an agreed upon location in the community (e.g., home, park, etc.) for an approved activity (e.g., evaluation, direct service) and the child and parent are not present. Cancellations within 48 hours of the appointment are considered a "no show" only if the program cannot substitute another child in that timeframe. Billable time for the "no show" includes the travel time and the time necessary to determine that the scheduled activity will not occur (no more than 30 minutes). Center-based "no shows" are not billable.

The following protocol is to be followed:

1<sup>st</sup> No Show:

Time for transportation and to determine that the scheduled activity will not occur is billable. A follow-up call must be made to the family regarding the "no show" and to re-schedule the appointment. If the family does not have a phone, a note must be left regarding the missed appointment.

2<sup>nd</sup> No Show:

Half or 50% of the time for transportation and to determine that the scheduled activity will not occur is billable. Both a note and a phone call must be made to determine (if possible) the reason for the "no show." In addition, it is highly recommended that additional follow-up occur by a social worker or PHN (if the PHN is part of the team) to determine what might be causing the no shows.

3<sup>rd</sup> No Show:

One quarter or 25% of the time for transportation and to determine that the scheduled activity will not occur is billable. A letter must be written to the family informing them that they must call to re-schedule treatment.

4<sup>th</sup> No Show:

Not billable.

No Show Pattern:

The following example explains how the billing protocol will operate. For weekly or less frequent sessions, starting over with “1<sup>st</sup> no show” must follow **2** successive “shows.”

Week 1 – show	= full payment
Week 2 – no show	= Considered 1 <sup>st</sup> No Show
Week 3 – show	= full payment
Week 4 – no show	= Considered 2 <sup>nd</sup> No Show
Week 5 – show	= full payment
Week 6 – no show	= Considered 3 <sup>rd</sup> No Show
Week 7 – show	= full payment
Week 8 – show	= full payment
Week 9 –	pattern starts over as there were 2 consecutive “shows.”

For families receiving multiple visits per week, there must be **4** consecutive “shows” for the pattern to start over again.

The following categories are not included in Worksheet 1 but are important for accurate billing:

**EIS Supported Training:**

EIS Supported Training includes trainings that are required and supported by the Early Intervention Section, and can only be billed with prior permission from the EIS Supervisor or designee. A flat rate of \$150 per full day or \$100 per half-day is billable. Because training is not reimbursable on an hourly basis, it is not included in Worksheet 1. Instead, determine the cost of 5 days of required training per direct service staff, program manager and SW/CC and include in EIS Budget Form 1G: EIS Supported Training.

**Sub-Contracting**

Sub-contracting can only occur if it was pre-approved by the Director of Health. The billable amount is determined by whether the contractor is filling in for a vacant position or is in addition to the filled positions. Billing is based on the approved hourly amount or the approved sub-contract amount. Below is a description of what to bill:

- ⌘ Bill at the approved hourly amount (not the sub-contracted amount) if the subcontractor is replacing a position that has FTE in the approved budget but the position is vacant. You can bill up to the number of hours equal to the FTE.
- ⌘ Bill at the subcontractor hourly rate if the hours are in addition to the approved FTE and included in the approved budget. For subcontracted hours approved in the budget, bill at the rate for the classification up to the number hours allowed.

⌘ For hours in excess of the budgeted amount, EIS approval is needed.

**Non-Billable Activities:**

It is expected that approximately 38% of the service provider's time is not billable. This includes, but is not limited to the following activities:

**Regular Staff Meetings**

Regular staff meetings are pre-arranged meetings attended by all staff. Content varies and while it may include discussions around families and services, that is not the main purpose of the meeting.

**Supervisory Meetings**

Supervisory meetings are held between the supervisor and one or more supervisees.

**EIS Mandated Trainings**

EIS mandated trainings are those identified by EIS that must be attended by staff as part of the contract process.

**Program Trainings**

Program trainings are trainings identified by the contracted EI program that must be attended by staff to support the provision of early intervention services. For example, it is expected that staff hired to provide early intervention services are trained and knowledgeable both in their area of expertise (e.g., speech language pathology) as well as in providing services to infants and toddlers under age 3 with developmental delays and their families. It is the program's responsibility to provide the necessary and on-going training to assure that each staff has the requisite skills needed to meet their position responsibilities and is kept current in their specific field of practice.

**Lunch/Break Time**

The legally allowable breaks from work.

**Vacation/Sick Leave**

Determined by the agency.

### **Instructions: EIS Worksheets and EIS Budget Forms**

The Early Intervention Section, Department of Health utilizes a unit cost methodology for the provision of direct services. Embedded in the hourly cost per direct service staff are: direct service staff salaries, fringe benefits, taxes, and time for non-billable activities (e.g., staff and supervisory meetings, program trainings, vacation/sick leave, etc.). To support your budget projection you will need to project the number of hours of billable activities (from Attachment D-1) that you think will be necessary to meet the service needs of the children who are expected to be served each month per geographical area, based on the numbers included in the RFP. When developing your budget, remember that at least 90% of these children are to be served in their natural environment (e.g., their home, the home of their daycare provider, a preschool program, or elsewhere in the community). If a child is not served in a natural environment, remember that each child's Individual Family Support Plan (IFSP) must provide a justification for serving that child elsewhere.

#### **Process:**

1. Complete EIS Worksheets 1-5 (Attachment D-3) to determine the FTE needed for direct services, including direct service staff and sub-contracted services, as well as the salary ranged. To complete the worksheets you must first decide what type of service providers you will need. Refer to Attachment D-1 for approved service providers and definitions of billable and non-billable activities.
2. Complete EIS Budget Forms 2 and 5 (Attachment D-4) to provide information on requested salaries and contractual rates for each direct service staff.
3. Using information from EIS Budget Forms 2 and 5, complete EIS Worksheets 6 and 7 (Attachment D-3).
4. After EIS Worksheets 1-7 and EIS Budget Forms 2 and 5 are completed, complete EIS Budget Forms 3, 4, 6, and 7 (Attachment D-4) and transfer the information to EIS Budget Form 1(Attachment D-4) to summarize and complete your budget request.

### **Complete EIS Worksheets 1-5**

**Worksheet 1: Estimated Hours by Service Provider and Activity Per Month.** Fill in the number of children estimated to be served as indicated in the RFP for the specific geographical area. For the above number of children, estimate the number of hours for each billable activity by service provider that is necessary to meet the needs of the children and families. DO NOT include any activity that is provided by a social worker (SW), as you will either be provided a DOH SW or Human Services Professional (HSP) or will be provided funds to hire a licensed social worker. It is recommended that if you are currently providing early intervention services, use your current data in estimating the number of billable services that are needed. If you are not currently providing early intervention services, estimate what you think will be necessary based upon your understanding of early intervention. If you are requesting staff other than those listed in



Attachment D-1, you will need to provide justification for the additional positions, including both why they are needed and what support they will be providing.

Example: You estimate to serve 100 children. Based on previous date, approximately 10 new referrals are received per month that require an Intake and a Comprehensive Developmental Evaluation (CDE). Each Intake averages approximately 1 hour per family. Intake is generally handled 80% of the time by a social worker and are not billable, and 20% by the special educator and are billable. Therefore, the special educator will complete 2 of the 10 Intakes (20%). At 1 hour per Intake, the special educator will spend 2 hours (2 Intakes x 1 hour) with this activity. Place "2" for Intake under SPED. Because social work services are not billable, the 8 hours of intake (2 Intakes x 1 hour) handled by the social worker are **not** included. The evaluation for eligibility is provided by a multidisciplinary team of the special educator and OT. Each evaluator is allowed a maximum of 1.5 hours to complete the evaluation; the lead evaluator is allowed a maximum of 1.5 additional hours to write the evaluation report. The SPED is the lead for all evaluations. Place "15" for CDE under OT (10 evaluations x 1.5 hrs.), and "30" hours under SPED (10 evaluations x 1.5 + 10 reports x 1.5).

**Worksheet 2: Estimated Number of Hours per Year.** Transfer from Worksheet 1, the Total Hours by each Service, to Worksheet 2 (Column B), Total Estimated Hours/Month. Multiply as indicated to determine the total estimate of the number of hours per year by service provider that is needed (Column D).

**Worksheet 3: Estimated FTE Needed by Service Provider.** This worksheet will help determine the number of direct service staff necessary to provide the billable activities. Time study data found that out of 2080 work hours per year (40 hrs./wk. x 52 wks.), an average of 62.35% or 1297 hours were used for billable activities. The remaining time, 37.65% or 783 hours was used by direct service staff for vacation, sick leave, staff meetings, other training activities, and administrative duties.

To complete this worksheet, transfer from Worksheet 2 (Column D) the Total Estimated Hours/Year per service provider, to Worksheet 3 (Column B), Total Estimated Hours/Year per service provider. Divide as indicated to determine the total estimate of the number of FTE required to provide the billable activities (Column D).

**Worksheet 4: Proposed Service Delivery Plan.** This worksheet will help determine how you intend to staff the program. You may choose to hire all necessary staff, or hire some staff and sub-contract for other staff.

To complete this worksheet, transfer from Worksheet 3 (Column D) the Total Estimated FTE by provider, to Worksheet 4 (Column B) Total Estimated FTE. Review the Total Estimated FTE to determine how you intend to staff your program. For example, you have determined that you will need 2.2 FTE of

occupational therapy. Place “2.2” in Column B. Because it is very unlikely that you will be able to hire a staff for .2 FTE, you decide to hire 2.0 FTE and sub-contract for .2 FTE, or 21.6 hours/month. Place “2” in Column C and “21.6” (1297 x .2 divided by 12 months) in Column D.

**Worksheet 5: Proposed Salary Range Per Direct Service Provider.** (see example)

This worksheet provides information on the salary range recommended for each position.

For each position, determine a minimum and a maximum salary (Column B). Based upon the percent for fringe and taxes (include the percent in Column C as indicated), determine the fringe range. (Note: In this example the fringe rate is 25%). Column D is the total cost for each direct service staff (the sum of Columns B and C). Calculate the hourly rate (Column E) by dividing the total cost (Column D) for each provider by 1297 (work hours per year, from Table 4 instructions.)

Although Social Worker is not billable, you will need this information to complete Budget Forms 1 and 7.

Include justifications for the salary range by discipline.

**Complete EIS Budget Forms 2 and 5**

**Budget Form 2: Budget Justification: Direct Service Personnel – Salaries, Fringe Benefits and Taxes.** This form is to be used to determine costs for each direct service provider.

Complete one row for each direct service staff. For current staff, list the name or position number, the current salary and requested salary. For new staff, write “New” instead of name and use the mid-range (i.e., average) of the salary range and fringe & taxes for each position from Worksheet 5.

**Budget Form 5: Budget Justification: Sub-Contracted Direct Services.** If, based on Worksheet 4, you plan to sub-contract for direct services, complete this form to show the hourly and total cost per individual. Otherwise note “N/A” on Budget Form 5.

Complete one row for each sub-contracted provider. For each sub-contracted provider list the discipline, and estimated number of hours from Worksheet 5. Also list the amount per hour for each sub-contracted service and total amount as indicated.

### **Complete EIS Worksheets 6 and 7**

**Worksheet 6: Proposed Direct Service Salaries.** This worksheet provides information on FTE (Column B), Salary (Column C), Fringe & Taxes (Column D) and Total Cost (Column E) of the proposed direct service staff by discipline.

Transfer from Worksheet 4 (Column C) the Total Salaried Staff FTE by discipline to Worksheet 6 (Column B) Total Salaried Staff FTE. Transfer from EIS Budget Form 2 (Column C) Salary Budgeted to Contract by discipline and (Column D) Fringe & Taxes, to Worksheet 6 (Column C) Total Salary and (Column D) Total Fringe and Taxes. The totals on Worksheet 6 should match the totals on EIS Budget Form 2.

Also transfer from Worksheet 6 (Column C) Total Salary, to Budget Form 1, A1: Personnel Cost, Salaries – Direct Service Staff. In addition, transfer from Worksheet 6 (Column D) Total Fringe & Taxes to Budget Form 1, A3: Fringe & Taxes – Direct Service Staff.

**Worksheet 7: Proposed Sub-Contracted Costs.** This worksheet provides information on Estimated Sub-Contracted Hours (Column B), Hourly Rate (Column C) and Total Sub-Contracted Costs (Column D) of proposed providers by discipline.

Transfer from Worksheet 4 (Column D) Total Sub-Contracted Hours/Month needed by discipline to Worksheet 7 (Column B) Total Estimated Sub-Contracted Hours. Transfer from EIS Budget Form 5, Amount per Hour, to Worksheet 7 (Column C) Hourly Rate.

Transfer from Worksheet 7 (Column D) Total Sub-Contracted Costs to Budget Form 1, C: Sub-Contracted Direct Services.

### **Complete EIS Budget Forms 1, 3, 4, 6, 7**

**Budget Form 1: Budget.** This form summarizes the total amount needed to provide services. It includes your Budget Request (Column A), Agency Contributions via other contracts, fund raising, etc., and the expected Total Budget Column (C) needed to serve the estimated number of children to be served. If your agency does not provide any in-kind contribution, complete only Column A.

Finalize Budget Form 1 with information from Budget Forms 3, 4, 6, and 7 and by completing B. Other Current Expenses. Also complete the section Sources of Funding that summarizes your budget request, agency contribution, and total amount needed to meet the service needs as identified in the RFP.

To determine the amount to be included for Budget Form 1, G. EIS Supported Training, follow the instructions in Billable Activities (Attachment D-1), in the section "EIS Supported Training."

**Budget Form 3: Budget Justification: Administrative Personnel – Salaries, Fringe Benefits and Taxes.** This form includes all staff that do not provide direct services but support the program and/or agency administratively (e.g., program clerical staff, data staff, program manager, a proportion of the executive director and accountant, etc.).

Transfer information from EIS Budget Form 3 (Column C) Salary Budgeted to Contract, to Budget Form 1, A2: Personnel Cost, Salaries – Administrative Staff. Also transfer from EIS Budget Form 3 (Column D) Fringe & Taxes to Budget Form 1, A4: Fringe & Taxes, Administrative Staff.

**Budget Form 4: Budget Justification: Personnel – Payroll Taxes, Assessments, and Fringe Benefits.** Complete as indicated on this form. The total on Budget Form 4 must equal the sum of Budget Form 1, A3: Fringe & Taxes – Direct Service Staff and A4: Fringe & Taxes – Administrative Staff.

**Budget Form 6: Budget Justification: Equipment Purchases.** If you plan on purchasing equipment, complete this form and transfer the cost information to Budget Form 1, D: Equipment Purchases. Include justification for all equipment listed.

**Budget Form 7: Budget Justification: Other Personnel – Social Workers.** This budget form is to be used to list the SW needed to provide SW services to the number of children noted on Worksheet 1. The SW ratio is 1:35. Determine the number SW needed and complete one row for each position. For current staff, list the name or position number, the current salary and requested salary. For new staff, write "New" instead of name and use the mid-range (i.e., average) of the salary range and fringe & taxes for the position from Worksheet 5. Transfer the total Salary, Fringe & Taxes Budgeted to the Contract (Column D) to Budget Form 1, E: Other Personnel.

Each SW is allowed \$200/month (\$2400/year) per 1.0 FTE to cover Other Operational Expenses (e.g., mileage, supplies, etc.). Using the total FTE for FY 08, determine Other Operating Costs and transfer this amount to Budget Form 1, F: Other Operational Expenses.

Note: The DOH reserves the right to replace SW positions listed on Budget Form 7 with DOH SW/HSP positions. If this occurs the following budget categories on EIS Budget Form 1 will be reduced as appropriate: Budget Forms 1, D: Equipment; 1, E: Other Personnel; 1,F: Other Operational Expenses; and 1,G: EIS Supported Training.



### **EIS Worksheets**

To Determine Total Direct Service FTE Needed and Costs: Staff FTE and Costs, and Sub-Contracted Hours and Costs

**The estimate is based on serving \_\_\_\_ children per month (from RFP)**

#### EIS Worksheet 1: Estimated Hours by Service Provider and Activity Per Month

<b>Billable Activities</b>	<b>OT</b>	<b>PT</b>	<b>SLP</b>	<b>SPED</b>	<b>Teacher</b>	<b>Asst.</b>	<b>Para.</b>	<b>Other*</b>	<b>TOTAL Hours by Activity</b>
<b>Intake</b>									
<b>Comp. Dev. Eval. (CDE)</b>									
<b>IFSP</b>									
<b>Eval./ Assessment</b>									
<b>Treatment – Individual</b>									
<b>Treatment – Group</b>									
<b>Treatment – Prep./Notes</b>									
<b>Consultation</b>									
<b>Family Training and Counseling</b>									
<b>Child Team Meeting</b>									
<b>Transition/ Transfer</b>									
<b>Transportation</b>									
<b>No Show</b>									
<b>TOTAL Hours by Service Provider</b>									
<b>AVERAGE Hours/Child</b>									

Note: Provide justification for how the number of service hours by discipline and activity was determined.

\* If you include “Other” staff, provide justification for the additional positions, including both why they are needed and what support they will be providing to children and/or families served.

EIS Worksheet 2: Estimated Number of Direct Service Hours by Service Provider per Year

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Service Provider</b>	<b>Total Estimated Hours/Month</b> (from Wksht. 1)	<b>Months/Year</b>	<b>Total Estimated Hours/Year</b> (B x C)
<b>Occupational Therapist</b>		12 months	
<b>Physical Therapist</b>		12 months	
<b>Speech Lang. Pathologist</b>		12 months	
<b>Special Educator</b>		12 months	
<b>Teacher</b>		12 months	
<b>Assistant</b>		12 months	
<b>Paraprofessional</b>		12 months	
<b>Other</b>		12 months	
<b>TOTALS</b>		<b>N/A</b>	

EIS Worksheet 3: Estimated FTE by Service Provider

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Service Provider</b>	<b>Total Estimated Hours/Year</b> (from Wksht. 2, Col. D)	<b>Direct Service Hours/Year</b>	<b>Total Estimated FTE</b> (B divided by C)
<b>Occupational Therapist</b>		1297	
<b>Physical Therapist</b>		1297	
<b>Speech Lang. Pathologist</b>		1297	
<b>Special Educator</b>		1297	
<b>Teacher</b>		1297	
<b>Assistant</b>		1297	
<b>Paraprofessional</b>		1297	
<b>Other</b>		1297	
<b>TOTALS</b>		<b>N/A</b>	

EIS Worksheet 4: Proposed Service Delivery Plan

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Service Provider</b>	<b>Total Estimated FTE</b> (from Wksht. 3, Col. D)	<b>Total Salaried Staff FTE</b>	<b>Total Sub-Contracted Hours/Month</b>
<b>Occupational Therapist</b>			
<b>Physical Therapist</b>			
<b>Speech Lang. Pathologist</b>			
<b>Special Educator</b>			
<b>Teacher</b>			
<b>Assistant</b>			
<b>Paraprofessional</b>			
<b>Other</b>			
<b>TOTALS</b>			

EIS Worksheet 5: Proposed Salary Range Per Direct Service Provider

**Example:**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Service Provider</b>	<b>Salary</b>	<b>Fringe &amp; Taxes (25%)</b>	<b>Total Cost (B+C)</b>	<b>Hourly Rate Range (D/1297)</b>
<b>OT - low</b>	40,000	10,000	50,000	38.55
<b>OT - high</b>	50,000	12,500	62,500	48.20

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Service Provider</b>	<b>Salary</b>	<b>Fringe &amp; Taxes ( %)</b>	<b>Total Cost (B+C)</b>	<b>Hourly Rate Range (D/1297)</b>
<b>OT - low</b>				
<b>OT - high</b>				
<b>PT - low</b>				
<b>PT - high</b>				
<b>SLP - high</b>				
<b>SLP - low</b>				
<b>SPED - low</b>				
<b>SPED - high</b>				
<b>Teacher - low</b>				
<b>Teacher - high</b>				
<b>Assistant - low</b>				
<b>Assistant - high</b>				
<b>Para. - low</b>				
<b>Para. - high</b>				
<b>Other - low</b>				
<b>Other - high</b>				
<b>Lic. Social Worker - low</b>				
<b>Lic. Social Worker - high</b>				

Note: Provide justification for proposed salary ranges for all staff listed above, including social workers. Also provide the procedures to be used to determine how individual salaries within the range will be set. Licensed Social Workers are included in this list because, even though they are not reimbursed hourly, this information is needed to complete EIS Budget Forms 1 and 7.

EIS Worksheet 6: Proposed Direct Service Salaries

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Service Provider</b>	<b>Total Salaried Staff FTE</b>  (from Wksht.4, Col. C)	<b>Total Salary</b>  (from EIS Budget Form 2)	<b>Total Fringe &amp; Taxes</b>	<b>Total Salaried Staff (C + D)</b>
<b>OT</b>				
<b>PT</b>				
<b>SLP</b>				
<b>SPED</b>				
<b>Teacher</b>				
<b>Assistant</b>				
<b>Paraprofessional</b>				
<b>Other</b>				
<b>TOTALS</b>				

EIS Worksheet 7: Proposed Sub-Contracted Costs

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Service Provider</b>	<b>Total Estimated Sub-Contracted Hours</b>  (from Wksht. 4, Col. D)	<b>Hourly Rate</b>  (from EIS Budget Form 5)	<b>Total Sub-Contracted Costs</b>
<b>Occupational Therapist</b>			
<b>Physical Therapist</b>			
<b>Speech Lang. Pathologist</b>			
<b>Special Educator</b>			
<b>Teacher</b>			
<b>Assistant</b>			
<b>Paraprofessional</b>			
<b>Other</b>			
<b>TOTALS</b>			

Note: Provide justification for hourly rates.



**BUDGET**

(Period July 1, 2007 to June 30, 2008)

Applicant/Provider/Program: \_\_\_\_\_

RFP No.: \_\_\_\_\_

Contract No. (As Applicable): \_\_\_\_\_

<b>BUDGET CATEGORIES</b>	<b>Budget Request (a)</b>	<b>Agency Contribution (b)</b>	<b>Total Budget (c)</b>	<b>(d)</b>
<b>A. PERSONNEL COST</b>				
1. Salaries - Direct Service Staff				
2. Salaries - Administrative Staff				
3. Fringe & Taxes - Direct Service Staff				
4. Fringe & Taxes - Administrative Staff				
<b>TOTAL PERSONNEL COST</b>				
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island	Not Allowed			
2. Airfare, Out-of-State	Not Allowed			
3. Audit Services				
4. Contractual Services - Administrative				
5. Insurance				
6. Lease/Rental of Equipment				
7. Lease/Rental of Motor Vehicle				
8. Lease/Rental of Space				
9. Mileage				
10. Postage, Freight & Delivery				
11. Publication & Printing				
12. Repair & Maintenance				
13. Staff Training				
14. Subsistence/Per Diem	Not Allowed			
15. Supplies				
16. Telecommunication				
17. Transportation				
18. Utilities				
19. Other (attach list)				
<b>TOTAL OTHER CURRENT EXPENSES</b>				
<b>C. SUB-CONTRACTED DIR. SERVICES</b>				
<b>D. EQUIPMENT PURCHASES</b>				
<b>E. OTHER PERSONNEL</b>				
<b>F. OTHER OPERATIONAL EXPENSES</b>				
<b>G. EIS SUPPORTED TRAINING</b>				
<b>TOTAL (A+B+C+D+E+F+G)</b>				
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Budget Request		Name (Please type or print) _____ Phone _____		
(b) Agency Contribution		Signature of Authorized Official _____ Date _____		
(c)		Name and Title (Please type or print) _____		
(d)				
<b>TOTAL REVENUE</b>		For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

## BUDGET JUSTIFICATION

## DIRECT SERVICE PERSONNEL - SALARIES, FRINGE BENEFITS AND TAXES

Applicant/Provider \_\_\_\_\_

RFP No.: \_\_\_\_\_

Period: July 1, 2007 to June 30, 2008 Date Prepared: \_\_\_\_\_

Contract No. (As \_\_\_\_\_)

Applicable):

[illegible]

**JUSTIFICATION/COMMENTS:** Include justification for any changes in staffing (e.g., increase in children served) and/or salary change (e.g., due to difficulty hiring or requested salary increase). Justification should be on a separate page.

## BUDGET JUSTIFICATION

### ADMINISTRATIVE PERSONNEL - SALARIES, FRINGE BENEFITS AND TAXES

Applicant/Provider \_\_\_\_\_

RFP No.: \_\_\_\_\_

Period: July 1, 2007 to June 30, 2008 Date Prepared: \_\_\_\_\_

Contract No. (As \_\_\_\_\_)

Applicable):

[illegible]

**JUSTIFICATION/COMMENTS:** Include justification for any changes in staffing (e.g., increase in children served) and/or salary change (e.g., increase in salary due to difficulty hiring or requested salary increase). Justification should be on a separate page.

**BUDGET JUSTIFICATION**  
**PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider/Program: \_\_\_\_\_

RFP No.: \_\_\_\_\_ Period: July 1, 2007 to June 30, 2008

Contract No.: \_\_\_\_\_  
 (As Applicable)

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY
<b>PAYROLL TAXES &amp; ASSESSMENTS:</b>		
Social Security	As required by law	As required by law
Unemployment Insurance (Federal)	As required by law	As required by law
Unemployment Insurance (State)	As required by law	As required by law
Worker's Compensation	As required by law	As required by law
Temporary Disability Insurance	As required by law	As required by law
SUBTOTAL:		
<b>FRINGE BENEFITS:</b>		
Health Insurance		
Retirement		
SUBTOTAL:		
TOTAL:		

**JUSTIFICATION/COMMENTS:**

**BUDGET JUSTIFICATION**  
**SUB-CONTRACTED DIRECT SERVICES**

Applicant/Provider/Program: \_\_\_\_\_

RFP No.: \_\_\_\_\_ Period: July 1, 2007 to June 30, 2008

Contract No. \_\_\_\_\_  
(As Applicable)

NAME OF BUSINESS OR INDIVIDUAL	DISCIPLINE	ESTIMATED # HOURS	AMOUNT PER HOUR	(C
TOTAL CONTRACTED DIRECT SERVICES:				

**BUDGET JUSTIFICATION  
EQUIPMENT PURCHASES**

Applicant/Provider/Program: \_\_\_\_\_

RFP No.: \_\_\_\_\_ Period: July 1, 2007 to June 30, 2008

Date Pre

Contract No.: \_\_\_\_\_  
(As Applicable)

DESCRIPTION OF EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST

**JUSTIFICATION/COMMENTS:**

**BUDGET JUSTIFICATION**  
**OTHER PERSONNEL: SOCIAL WORKERS**

Applicant/Provider \_\_\_\_\_  
RFP No.: \_\_\_\_\_  
Contract No. (As \_\_\_\_\_  
Applicable): \_\_\_\_\_

Period: July 1, 2007 to June 30, 2008 Date Prepared: \_\_\_\_\_

[illegible]

**JUSTIFICATION/COMMENTS:** Include justification for any changes in staffing (e.g., increase in children served) and/or salary due to difficulty hiring or requested salary increase). Justification should be on a separate page.



## **This RFP is in 5 Part:**

**Part 1: Beginning through Attachment B**

**Part 2: Attachment C**

**Part 3: Attachment D through E**

**Part 4: Attachment F**

**Part 5: Attachment G through H**